

INSPECTIONS AND APPEALS DEPARTMENT[481]

Adopted and Filed

Pursuant to the authority of Iowa Code section 10A.104(5), the Department of Inspections and Appeals hereby amends Chapter 51, "Hospitals," Iowa Administrative Code.

The adopted amendment to subrule 51.50(1) specifies that critical access hospitals shall meet the minimum construction standards for small primary care hospitals set forth in Part 2.3 of the Guidelines for Design and Construction of Health Care Facilities, 2010 edition (Guidelines), produced by the Facility Guidelines Institute. Additionally, the amendment clarifies that critical access hospitals are not required to comply with the following:

- The patient room capacity requirements contained in 2.3-2.2.2.1 of the Guidelines,
- A portion of the Labor Delivery and Recovery/Labor Delivery Recovery and Postpartum (LDR/LDRP) room requirements contained in 2.3-2.2.4.6 of the Guidelines, or
- The surgical services requirement contained in 2.3-3.4.1 of the Guidelines.

The Department's current administrative rules dealing with minimum construction standards for hospitals do not specifically address critical access hospitals. While an upcoming edition of the Guidelines will contain a chapter dealing with minimum construction standards for critical access hospitals, the amendment adopts standards associated with small primary care hospitals for critical access hospitals, except for the patient room capacity requirements, certain LDR/LDRP room requirements, and certain surgical services requirements.

The Department does not believe that the amendment imposes any financial hardship on any regulated entity, body, or individual. Rather, the amendment clarifies the standards to be used in the design and construction of critical access hospitals.

Notice of Intended Action was published in the Iowa Administrative Bulletin on April 4, 2012, as **ARC 0071C**. No comments were received; no changes were made to the amendment published under Notice of Intended Action.

The Hospital Licensing Board reviewed and approved the amendment at its February 17, 2012, meeting. The Board of Health also reviewed the amendment at its March 14, 2012, meeting, and subsequently approved it at the Board's May 9, 2012, meeting.

After analysis and review of this rule making, it has been determined that a positive impact on jobs could result. Adoption of the amendment exempts critical access hospitals from the single-bed requirement, thus allowing these hospitals to build new facilities with multibed rooms.

This amendment is intended to implement Iowa Code section 135C.14.

This amendment shall become effective July 4, 2012.

The following amendment is adopted.

Amend subrule 51.50(1) as follows:

51.50(1) Minimum standards. Hospitals and off-site premises licensed under this chapter shall be built in accordance with the following construction standards.

a. Construction shall be in accordance with the standards set forth in Part 2 and other applicable provisions of the Guidelines for Design and Construction of Health Care Facilities, 2010 edition, produced by the Facility Guidelines Institute.

b. A critical access hospital as defined in rule 481—51.1(135B) shall meet the standards for construction for small primary care hospitals set forth in Part 2.3 of the Guidelines for Design and Construction of Health Care Facilities, 2010 edition, produced by the Facility Guidelines Institute, with the following exceptions:

(1) The patient room capacity requirements contained in section 2.3-2.2.2.1(1) shall not apply. The maximum number of beds per room shall be two.

(2) The first paragraph of section 2.3-2.2.4.6 is amended to read as follows: "The small primary care hospital shall include the following:"

(3) Section 2.3-3.4.1, which limits the types of surgical procedures, shall not apply.

c. Existing hospitals, critical access hospitals, and off-site premises built in compliance with prior editions of the hospital construction guidelines will be deemed in compliance with subsequent regulations, with the exception of any new structural renovations, additions, functional alterations, or changes in utilization to existing facilities, which shall meet the standards specified in this subrule.

~~b.~~ d. In jurisdictions without a local building code enforcement program, the construction shall be in conformance with the state building code, as authorized by Iowa Code section 103A.7, in effect at the time of plan submittal for review and approval. In jurisdictions with a local building code enforcement program, local building code enforcement must include both the adoption and enforcement of a local building code through plan reviews and inspections.

A hospital or off-site premises that is required to meet the provisions of the state building code shall be deemed to be in compliance with the fire safety requirements of the state building code if the hospital or off-site premises is in compliance with the provisions of rule 661—205.5(100). In any case in which an applicable requirement of the Life Safety Code, 2000 edition, is inconsistent with an applicable requirement of the state building code, the hospital shall be deemed to be in compliance with the state building code requirement if the Life Safety Code requirement is met.

Rule 661—301.5(103A) shall not be applicable to hospitals and other structures required under this chapter to meet the provisions of the state building code.

~~e.~~ e. The design and construction of a hospital or off-site premises shall be in conformance with NFPA 101: Life Safety Code 2000 as published by the National Fire Protection Association.

[Filed 5/9/12, effective 7/4/12]

[Published 5/30/12]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 5/30/12.